

New Hampshire Department of Health and Human Services	
Division of Public Health Services	
Legal Name of Fiscal Agent:	
Budget Request for:	
	<i>(Name of Region)</i>
Budget Period:	
	<i>(Identify six-month period from proposed date of start-up)</i>
	Program
	Funds
Line Item	Requested
1. Salary/Wages	\$ -
2. Employee Benefits	\$ -
3. Consultants	\$ -
4. Supplies:	\$ -
Educational	\$ -
Office	\$ -
5. Travel	\$ -
6. Occupancy	\$ -
7. Current Expenses	\$ -
Telephone	\$ -
Postage	\$ -
Audit and Legal	\$ -
Insurance	\$ -
Meeting Expenses	\$ -
8. Marketing/Communications	\$ -
9. Subcontracts/Agreements	\$ -
10. Indirect	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ -

**Please note, any forms downloaded from the DHHS website will NOT calculate.
Contact the Community Public Health Development section for calculating forms.**

Budget Justification

INTRODUCTION

This justification must be used to develop a budget request and will be used by state agency staff to review the request. Completing this justification facilitates the review and approval of the requested budget by insuring that the required information is provided. You may add rows to the tables when needed. Thank you.

I. Salaries and Wages

Staff Person	Hourly Salary	Hours on this Program	Total Salary Requested
Total			

Justification: Provide a short justification for all requested staff time, including a description of how each person will support the program and which activities they are responsible for.

II. Employee Benefits

Fringe benefits are applicable to direct salaries and wages and are usually a percent of salary.

Staff Person	Total Salary	Benefits Rate	Total Benefits Requested
Total			

III. Consultants

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee and is not an employee of the fiscal agent. Written approval must be obtained from DPHS prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to DPHS.

1. Name of Consultant
2. Organizational Affiliation (if applicable)
3. Nature of Services to be Rendered
4. Relevance of Service to the Project
5. The Number of Days of Consultation (basis for fee)
6. The Expected Rate of Compensation (travel, per diem, other related expenses) — list a subtotal for each consultant in this category.

If the specific above information is unknown for any consultant at the time this application is submitted, the information may be submitted at a later date. A summary should be provided here of the activities proposed for which a consultant would be retained and the estimated total amount for each activity/consultant.

IV. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide a brief justification for each item and relate it to specific program

objectives. General office supplies may be shown by an estimated amount per month times the six months.

Supplies	Number	Cost/unit	Total
Educational Pamphlets targeted to the public			
Office Supplies (Insert total cost/month into the cost/unit cell)	6 months		
Materials to support regional planning group			
	Total		\$

Justification:

V. Travel

Funds requested in the travel category are for travel by fiscal agency staff and planning partners only. Travel for consultants should be included in the contract with a consultant and reported in the consultant line.

In-State Travel — Provide a brief justification describing the travel needed to support the project. If mileage is to be paid, provide the number of miles and the cost per mile. Mileage reimbursement can be provided to members of your regional planning team when needed to support their participation. Since different agencies within your region may reimburse employee travel at different rates, you may use the state reimbursement rate of \$0.445 / mile in order to develop this request.

If support to attend conferences (other than for mileage) is part of your proposed budget, or per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include registration fees for conferences or trainings.

Travel	Fiscal Agent Staff	Planning Partners
Mileage rate per mile: _____ Number of miles: _____		
Meals-per diem (Breakfast \$____, Lunch \$____, Dinner \$____)		
Registration fees		
Total		

Justification:

VI. Occupancy

Identify monthly cost for fiscal agent staff. Explain how costs were determined and allocated to this program.

Occupancy	\$ _____
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Justification:

VII. Current Expenses

Current Expenses	
Telephone	\$
Postage	\$
Audit and Legal	\$
Insurance	\$
Meeting Expenses	\$
Total	\$

Note: Contracts funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.

Justification for each type of expense:

VIII. Marketing/Communications

Identify any costs associated with advertising or promoting your planning activities including media advertising, brochures that specifically describe your planning activities, posters and mailings.

Marketing/Communications Budget	
Brochures	
Mailings	
Media advertising	
Total	\$

Justification for each type of expense:

IX. Subcontracts/ Agreements

Subcontracts and agreements are between agencies unlike agreements with an individual hired as a consultant. Prior approval to initiate program activities through the services for a subcontractor requires submission of the following information:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date. A summary should be provided here of the activities proposed for subcontracted agencies and the estimated amounts for each subcontract.

X. Indirect Costs

Indirect Costs		
The rate is ____% and is computed on the following direct costs base of \$ _____		
Personnel	\$	
Fringe	\$	

Travel	\$	
Supplies	\$	
Other	\$	
Total	\$	x __% = Total Indirect Costs

If the fiscal agent does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs. DPHS has established a limit of 10% for in-direct cost rates.

Once you have completed your budget proposal, please transfer the total for each of the budget categories onto the single-page budget form. Thank You.